

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017744

Entity Name: BCB, LLC

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

2405 PINE AVE
HAINES CITY, FL 33844

New Principal Place of Business:

209 S 1ST STREET
HAINES CITY, FL 33844

Current Mailing Address:

2405 PINE AVE
HAINES CITY, FL 33844

New Mailing Address:

209 S 1ST STREET
HAINES CITY, FL 33844

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, BILLY SR
2405 PINE AVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

YOUNG, BILLY SR
209 S 1ST STREET
HAINES CITY, FL 33844 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BILLY YOUNG SR

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: YOUNG, BILLY SR
Address: 2405 PINE AVE
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: YOUNG, CYNTHIA
Address: 2405 PINE AVE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YOUNG, BILLY SR
Address: 209 S 1ST STREET
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM (X) Change () Addition
Name: YOUNG, CYNTHIA
Address: 209 S 1ST STREET
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BILLY YOUNG SR

MGRM

03/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date